Issue Classification

Application No.	Applicant(s)	
10/630,728	SHIRATORI, KAT	SUHITO
Examiner	Art Unit	
Susan S. Lee	2852	

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	ORIGINAL		CROSS REFERENCE(S)									
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(Assis	stant Examiner) (Date			Susar	Lee		Total	Claims All	owed: 8			
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(uagan ins	truments Examiner) (	Date)	(Pri	mary Examiner	) (Da	te)		1	1			

$\boxtimes$ c	☑ Claims renumbered in the same order as presented by applicant										☐ CPA			☐ T.D.			☐ R.1.47		
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